Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPF IDENTIFICATION		` '	E CONSTRUCTION		SURVEY PLETED
7.1.12 . 2.1.1	o. oo			A. BUILDING:	01		
		HAL035027		B. WING			C 17/2015
NAME OF F	PROVIDER OR SUPPLIER		STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
ESSEX N	MANOR ASSISTED LI	VING FACILITY		WAY 39 S. RG, NC 275	49		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCY Y MUST BE PRECEDED SC IDENTIFYING INFOR	BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENCE)	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
C 000	C 000 Initial Comments			C 000			
	This is a Report of conducted by Greg June 16 and 17, 20 conducted at the sa	Cates and Billy Br 15. A follow-up Su	yant on				
	Based on informati Facility was first lice licensure on or abo (56) residents. Bas requiring the facility the Licensing of Ad portions of the 2009 Homes, and the 19 Carolina State Build Institutional Occupa	ensed or submitted but April 1, 1969 for ed on this informat to meet the 1971 ult Care Homes, a 5 Regulations for A 67 Edition of the N ding Code-Section	I for Fifty-Six tion, we are Rules for pplicable dult Care lorth				
	The Complaint alle 1- The fire alarm pl therefore the facility third party to notify event of an alarm. 2- There are enviro	none line is not won y is not being moni the fire department onmental concerns.	tored by a t in the				
	Although the fire all be in working order environmental cond complaint is Substa	r, there are significations and therefore	ant				
C 132	Bathrooms-Must P	rovide Privacy		C 132			
	SECTION .0300 - F 10A NCAC 13F .03 ENVIRONMENT (e) The requirement rooms are:	nts for bathrooms	and toilet				
	(5) The bathrooms designed to provide rooms with two or r (commodes) shall I	e privacy. Bathroon nore water closets	ns and toilet				

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

(X6) DATE TITLE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPL A. BUILDING:	E CONSTRUCTION 01		(X3) DATE SURVEY COMPLETED	
		HAL035027	B. WING		06/1	7/ 2015
	PROVIDER OR SUPPLIER	VING FACILITY 844 HIGH	DRESS, CITY, S WAY 39 S. IRG, NC 275	STATE, ZIP CODE		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	JLD BE	(X5) COMPLETE DATE
C 132	curtains for each washower shall have pure this Rule is not mediate and the residence of the control of the corridor door Room 117 does not lock, allowing some while bathing. Bathrooms-Nonskid SECTION .0300 - Find 10A NCAC 13F .03 ENVIRONMENT	ater closet. Each tub or privacy partitions or curtains; et as evidenced by: rations, the facility has failed to dents are provided privacy. To the shower room opposite to close completely and latch/eone to walk in on a resident. Strips in Showers PHYSICAL PLANT	C 132			
C 148	rooms are: (12) Nonskid surfa in showers and bath This Rule is not me 1- Based on observ install and maintain showers. Findings include: a- All of the shower	cing or strips shall be installed in areas; and set as evidenced by: vations, the facility has failed to a non-skid surface in the s in the facility are equipped ling) floor surface that is y.	C 148			
	SECTION .0300 - F	PHYSICAL PLANT				

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-	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBE		(X2) MULTIPL A. BUILDING:	E CONSTRUCTION 01	(X3) DATE COMP	SURVEY PLETED
		HAL035027		B. WING		06/1	C 1 7/2015
NAME OF I	PROVIDER OR SUPPLIER				STATE, ZIP CODE		
ESSEX N	MANOR ASSISTED LIV	/ING FACILITY		<i>N</i> AY 39 S. RG, NC 275	49		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FUL SC IDENTIFYING INFORMATION		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOUTH CROSS-REFERENCED TO THE APPROPRIES OF THE AP	ULD BE	(X5) COMPLETE DATE
C 148	10A NCAC 13F .03 ENVIRONMENT (g) The requiremer (2) Handrails shall corridors at 36 inch capable of supportit load; This Rule is not me 1- Based on observensure that the han Findings include:	onts for corridors are: be provided on both sides above the floor and both sides above the floor and both sides above the floor and both sides are in place and some sides are in place and soween resident rooms 10	trated ailed to secure.	C 148			
C 155	material and so concleanable; (2) Scatter or throw (3) All floors shall but this Rule is not me 1- Based on observe maintain the floors of Findings include: a- The corridor line show dragging street	PHYSICAL PLANT 05 PHYSICAL ts for floors are: be of smooth, non-skid astructed as to be easily v rugs shall not be used; be kept in good repair. et as evidenced by: rations, the facility has facilean and repaired.	; and ailed to and	C 155			

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	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING:	E CONSTRUCTION 01	(X3) DATE COMPI	
		HAI 025027	B. WING		00/4	
		HAL035027			06/1	7/2015
NAME OF F	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
ESSEX N	IANOR ASSISTED LIV	VING FACILITY	WAY 39 S. RG, NC 275	49		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES (MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROFIDEFICIENCY)	D BE	(X5) COMPLETE DATE
C 155	Continued From pa	ige 3	C 155			
	stains. d- In several reside	n carpet has numerous, large nt room doorways, the rubber ose or missing, creating a				
C 160	Outside Premises-0	Clean, Safe	C 160			
	(1) The outside gro					
		et as evidenced by: vations, the exterior of the maintained in a clean and safe				
	Findings include:					
	peeling, so that bar the possibility of rot b- There is a large the wooden fence of c- A large tree trunk front yard. e- At the back of the with the picnic table and settled leaving difference in elevation f- The grass around have been cut in se g- The South EXIT	pile of brush stacked beside of the smoking area. It is lying on the ground of the efacility at the concrete pations, the concrete has cracked an approximately 1-inch ion.				

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	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING:	E CONSTRUCTION 01	(X3) DATE COMP	SURVEY LETED
		HAL035027	B. WING		06/1	; 7/2015
	PROVIDER OR SUPPLIER	STREET ADI	WAY 39 S.	STATE, ZIP CODE		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	RG, NC 275 ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPRODEFICIENCY)	LD BE	(X5) COMPLETE DATE
C 160	Continued From pa	ge 4 the exterior of the building.	C 160			
C 164	Housekeeping and	Furnishings-Clean, Repaired	C 164			
	coverings kept clea (2) have no chronic (3) have furniture of (e) This Rule shall facilities. This Rule is not me 1- Based on observ	es shall: ings, and floors or floor n and in good repair; c unpleasant odors; clean and in good repair; apply to new and existing				
	Findings include:					
	stained and has tea b- The back of the Room is coming off c- Many of the woo Rooms are missing drawers, and often drawer, making the d- Many of the woo the Resident Room stained on the tops e- The wood finishe has been rubbed av exposed. f- The sofa located tear in the arm.	faux leather chair in the Living d dressers in the Resident at least one knob on the there are no knobs on a drawer difficult to open. d dressers and night stands in s are severely discolored,				

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	IT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPL	E CONSTRUCTION	(X3) DATE			
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:	01	COMP	LETED		
		HAL035027	B. WING			, 7/2015		
		HAL035021			00/1	7/2015		
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE				
		844 HIGH	IWAY 39 S.					
ESSEX N	MANOR ASSISTED LIV	VING FACILITY	IRG, NC 275	49				
(VA) ID	CLIMMA DV CTA	ATEMENT OF DEFICIENCIES	1	PROVIDER'S PLAN OF CORRECTION)NI	(VE)		
(X4) ID PREFIX		Y MUST BE PRECEDED BY FULL	ID PREFIX	(EACH CORRECTIVE ACTION SHOUL		(X5) COMPLETE		
TAG	REGULATORY OR L	SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROI	PRIATE	DATE		
			1	DEFICIENCY)				
C 164	Continued From pa	200 5	C 164					
C 10 4	Continued From pa	ige 5	C 104					
	2- Based on observ	vations, the facility has failed to						
	maintain the walls i	n good repair.						
		-						
	Findings include:							
		loor frames throughout the						
		arred and the paint has been						
		ng the bare materials that in						
	some cases have b							
		s, the paint is peeling on the						
	walls and in some I	locations items have been						
	removed from the v	wall leaving a damaged						
	surface but the wall	I has not been repainted.						
	c- The water heater	r enclosures in the bathrooms						
	are are damaged a	and in need of repair.						
		y bathrooms the shower walls						
		ew growth on the tile and						
	painted surfaces.	9						
		bathrooms' shower walls have						
		and in some cases, some of						
	the tiles are missing							
		9.						
	3- Based on observ	vations, the facility has failed to						
		dow coverings for privacy in						
	the resident rooms.							
		•						
	Findings include:							
	. 3							
	a- In most resident	bedrooms, the window						
		of a thin window shear that is						
	easily see-through							
		urtain rods in the resident						
		iter support and therefore are						
	bowed in the center							
	201100 III IIIO OOIIIO	••						
0.400	Harradia to B.4. 1	ntained Free of Herenda	0.400					
C 166	nousekeeping-Maii	ntained Free of Hazards	C 166					
	CECTION 0200 F	DUVELCAL DIANT						
	SECTION .0300 - F	THI SICAL PLANT						

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STATEMEN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING:	E CONSTRUCTION 01	(X3) DATE COMP	SURVEY LETED
		HAL035027	B. WING		06/4	; 7/2015
NAME OF I	PROVIDER OR SUPPLIER		l	STATE, ZIP CODE	00/1	772015
		844 HIGH	WAY 39 S.	STATE, ZIF CODE		
ESSEX N	IANOR ASSISTED LI	VING FACILITY	RG, NC 275	49		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE	(X5) COMPLETE DATE
C 166	Continued From pa	ge 6	C 166			
	orderly manner, fre hazards; (e) This Rule shall facilities. This Rule is not me 1- Based on observ	es shall: in an uncluttered, clean and e of all obstructions and apply to new and existing				
	Findings include:					
	force to open. b- In Room 129, the from its hinges. c- The EXIT sign/ E Fire Door near Roo battery power. d- The bathroom do no hardware. e- The fire extinguis for their monthly ins f- The fire extinguis	door sticks and requires extra e closet door is hanging loose Emergency Light located at the m 130 is not working on oor located in Room 112 has shers have not been marked spection. ther located in the Power of been inspected since 2012.				
C 174	Bedroom Furnishin	gs-Table, Mirror, Chairs	C 174			
		06 HOUSEKEEPING AND shall have the following repair and clean for each				

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STATEMEN	T OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	E CONSTRUCTION	(X3) DATE	SURVEY LETED
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER.	A. BUILDING:	01		
		HAL035027	B. WING		06/1	; 7/2015
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
ESSEX N	IANOR ASSISTED LIV	VING FACILITY	WAY 39 S.			
		LOUISBU	RG, NC 275			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIC (EACH CORRECTIVE ACTION SHOUL) CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE	(X5) COMPLETE DATE
C 174	Continued From pa	ge 7	C 174			
6 174	(3) chest of drawer provided as built-ins drawers or double of (4) a wall or dresse each resident; (5) a minimum of coresident), high enough (6) additional chains by visitors; (e) This Rule shall facilities. This Rule is not mediate 1- Based on observe provide resident roof for the number of reference in the resident roof for the number of reference and the resident roof for the number of reference in the roof for the number of reference in the reference in the reference in the reference in the roof for the number of reference in the reference	rs or bureau when not s, or a double chest of dresser for two residents; er mirror that can be used by one comfortable chair (rocker without arms, as preferred by ugh from floor for easy rising; s available, as needed, for use apply to new and existing et as evidenced by: vations, the facility has failed to oms with the required furniture esidents. Introoms lacked a sufficient irs for the number of residents ons of specific examples limited to: No chair	C 174			
	3- Room 119 (2 4- Room 131 (2 5- Room 132- N	2 Residents) - No chair 2 Residents) - No chair No chair 2 Residents) - 1 chair				
		ent beds have not been Iside lamp or light near the				
C 177	Living Room Furnis	shings	C 177			

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIE IDENTIFICATION NUM		(X2) MULTIPL A. BUILDING:	E CONSTRUCTION 01	(X3) DATE COMF	SURVEY PLETED
		HAL035027		B. WING			C 1 7/2015
NAME OF I		11AL033021	CTDEET AD		STATE, ZIP CODE		1772015
	PROVIDER OR SUPPLIER			DRESS, CITY, 8	STATE, ZIP CODE		
ESSEX N	MANOR ASSISTED LIV	VING FACILITY	-	RG, NC 275	49		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY I SC IDENTIFYING INFORMA	FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE API DEFICIENCY)	OULD BE	(X5) COMPLETE DATE
C 177	Continued From pa	ge 8		C 177			
	FURNISHINGS (c) The living room room furnishings fo disabled persons, v cleanable.	PHYSICAL PLANT 06 HOUSEKEEPIN shall have functional r the comfort of aged vith coverings that are apply to new and exis	living and e easily				
		et as evidenced by: rations, the facility has urnishings for the con					
		comfortable seating pered chairs and 5 bar-					
C 189	Building Equipment	Maintained Safe, Op	erating	C 189			
	mechanical, and plu care home shall be operating condition (k) This Rule shall facilities with the ex	11 OTHER d all fire safety, electrumbing equipment in maintained in a safe	an adult and sting (e)				
	ensure that the med maintained in an op deficiency may affe	et as evidenced by: vations, the facility fail chanical systems are perating condition. Th ct all residents, staff, y by allowing extende	is and				

Division of Health Service Regulation

STATEMEN	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	E CONSTRUCTION	(X3) DATE	SURVEY LETED
7.112 1 2.11	S. SOMESTION	.SERTI TO CHOICH HOMBER.	A. BUILDING:	U1		
		HAL035027	B. WING		06/1	<i>;</i> 7/2015
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
ESSEX N	IANOR ASSISTED LIV	/ING FACILITY	WAY 39 S. RG, NC 275	49		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROFIDEFICIENCY)	D BE	(X5) COMPLETE DATE
C 189	Continued From pa	ge 9	C 189			
	discomfort, heat related to extended extemperatures.	ated injuries/ illness, or death posure to extreme				
	Findings include:					
	and three (3) of the HVAC 4 were not futemperature in the fitthe Dining Room are and 95° F in the reserved resident rooms were temperature in exception and only equipped with fans window air condition interviews with the HVAC #3 and HVAC more than thirty (30 operated since the Note: During the followers.	facility ranging from 81° F in and corridor and between 81° F is sident rooms. All thirty (31) the maintaining a constant east of 80° F with no air a six (6) resident rooms were and three (3) rooms with ning units. Based on HVAC contractor and staff, C #4 had not functioned for 1) days while HVAC #1 had not weekend. How-up visit on June 17, 2015, repaired however HVAC Units				
	ensure that the fire maintained safe and deficiencies may aff	d operating. These fect all residents, staff, and y by allowing the possibility of				
	Findings include:					
	located in the suppl	on the radiation damper y vent of the Soda Vending rung and the damper propped paint paddles.				

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3- Based on observations, the facility failed to

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING:	E CONSTRUCTION		SURVEY PLETED
			7. BOILDING.	. • •		c
		HAL035027	B. WING			17/2015
NAME OF F	PROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, S	STATE, ZIP CODE		
ESSEX N	MANOR ASSISTED LI	VING FACILITY	IWAY 39 S. IRG, NC 275	649		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD BE	(X5) COMPLETE DATE
C 189	Continued From pa	age 10	C 189			
	and operating condaffect all residents, contaminated water drinking water systems. The hair-washing	mbing systems are in a safe lition. This deficiency may staff, and visitors by allowing r to siphon back into the em. g sink in the bathroom across is not equipped with an				
	anti-siphon device	to prevent brown water from back into the water supply.				
		vations, the facility failed to mbing systems are in an				
	has no running cold b- In both of the So bed-pan washing b not able to hold wa	pathroom opposite Room 133 d water. oiled Utility Rooms, the ceramic asin is cracked/ broken and ter or flush, preventing their aning soiled linens.				
C 194	A/C or Fans		C 194			
	resident bedroom a shall be provided w main center corrido degrees C). (k) This Rule shall facilities with the expense of the shall be provided with the expense of the shall be provided with t					
		et as evidenced by: vations, interviews, and testing				

STATEMEN	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING:	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
			A. BOILDING.			
		HAL035027	B. WING			, 7/2015
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
ESSEX I	MANOR ASSISTED LI	VING FACILITY	WAY 39 S.	40		
0(4) ID	CLIMMA DV CTA		RG, NC 275		ONI	0/5)
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	.D BE	(X5) COMPLETE DATE
C 194	Continued From pa	ge 11	C 194			
		cility failed to maintain the facility at or below 80 degress de fans.				
	Findings include:					
	time of the survey rehad not funtioned for Unit #4 had not funtioned for Unit for Unit functioned for Unit functione	dent Rooms were equipped ent rooms were equipped ent rooms were equipped conditioning units (or exection of the building oning). D) Resident rooms had no irculate air. Resident rooms were iencing temperatures grees Fahrenheit and 88 nheit sident rooms were noted as emperatures between 90 nheit and 96.8 degrees extures in the common of follows: 4 degrees Fahrenheit (Avg)				
	c- On June 17, 201 conditions existed:	5 at 12:00 PM, the following				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01		(X3) DATE SURVEY COMPLETED							
		HAL035027	B. WING		06/1	7/2015						
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE												
ESSEX MANOR ASSISTED LIVING FACILITY 844 HIGHWAY 39 S. LOUISBURG, NC 27549												
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (X5) (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)								
C 194	(HVAC Units #3 2- Ten (10) Res equipped with a 3- Twelve (12) equipped with a units (or were in building with ain 4- Three (3) Re equipped with a 5-Eighteen (18) were noted as a between 80 ded degrees Fahrer 6- The temperal spaces were as Living Room: 8 Dining Room: 8 Corridor (N Hal	and #4 remained off) sident Rooms were a fan Resident Rooms were vindow air conditiong in the one section of the conditioning) esident Rooms were not a fan or air conditioning. Resident rooms experiencing temperatures grees Fahrenheit and 85 nheit utures in the common	C 194									
C 199	provided with exhautwo cubic feet per narequirement does no before April 1, 1984 these specified spatch (1) soiled linen stor (2) soil utility room; (3) bathrooms and (4) housekeeping (5) laundry area.	PHYSICAL PLANT 11 OTHER ed in this Paragraph shall be ust ventilation at the rate of ninute per square foot. This tot apply to facilities licensed with natural ventilation in ces: rage; toilet rooms;	C 199									

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01			(X3) DATE SURVEY COMPLETED						
		HAL035027	B. WING		06/	17/2015						
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE												
ESSEX MANOR ASSISTED LIVING FACILITY 844 HIGHWAY 39 S. LOUISBURG, NC 27549												
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE						
C 199	Continued From pa	age 13	C 199									
		xception of Paragraph (e) bly to existing facilities.										
	1- Based on observensure that the exh	et as evidenced by: vations, the facility has failed t naust fans in the bathrooms an operating condition.	o									
	Findings include:											
		exhaust fan located in the Room 144 is not operating.										
l												